

COUNTY OF SIERRA

PERSONNEL ACTION FORM

Effective Date:	
Department:	
Employee ID:	

Name:										
Updated Employee Contact	Last				First	Middle				
	Mailing Address					City	State		Zip	
Information:	Physical Address					City	State		Zip	
	Home Phone					Cell Phone	Personal Email Address			
Appointmen	nt \text{Longevity}			Termination Not Re-Hireable		Retirement	M.O.U.			
☐Merit Increas	se COLA		Resigned		Other See Note Below	1,1.0.0.				
Promotion	Reclassification		Not Re-Hireable Demotion							
☐End of Proba	ation Sus	tion Suspension		Status Change See Note Belov		w				
	Present Clas	sification			Proposed Classification					
Job Title:			Class:	Step:	Job Title:	-		Class:	Step:	
Sa	alary: Permanent Ful		-Time S		Salary:	☐ Per	manent Full	l-Time		
		Permanent Par					☐ Per	Permanent Part-Time		
\$	/hour Extra Help				\$	/hour Extra Help				
\$ /month Seasonal Help				\$	/month	th Seasonal Help				
New Hire: Previously or presently a Public Employee's Retirement System Member?										
Employer Name	e:		Tim	e Period (wh	nen):	Employee Name, if d	ifferent:			
Estimated Date of Longevities: 5 years –			10 ye	10 years - 15 years -			20 years -			
Explanation of	Personnel Action:									
						_				
Employee's Sig	nature:					Date:				
Department Head's Signature: The above action conforms with the Personnel Code and County adopted budget or Board action attached.										
Personnel Revie	·w:					Date:				
Auditing Review	v:	_				Date:				